

inches thick. It is 1,200 pages long. Don't you want to examine me, read it, ask some questions, order some tests? And your doctor says, No, I don't have time for this because I am working on a deadline.

We all need to agree and work together. Our health care system does need reform and we want to reform it. Let's work together to fix it, not just come up with an arbitrary deadline.

We have to allow you to buy insurance from anywhere in America, have basic plans that cover what families really need and worry about, have transparency about quality and cost, and provide some financial assistance to those that need it. And, finally, let's make insurance personal, portable and permanent.

PUTTING PATIENTS FIRST

(Mr. BACHUS asked and was given permission to address the House for 1 minute.)

Mr. BACHUS. Mr. Speaker, throughout the year there has been a drumbeat, a relentless drumbeat of expensive stimulus packages, takeover of the car companies, financial bailouts, and cap-and-trade. And the drumbeat continues today, more government control, more government spending, higher taxes, fewer choices, especially for small business.

Now the Democratic leadership wants to take over one-sixth of our GDP, our health care. They want government to take over health care. It is a recipe for economic disaster. Even worse, it is a disaster for patients, because a government-run system will always ration care, reduce quality, and raise costs. It will put a Federal bureaucrat between you and your doctor.

Let's put patients, not the government, first. As long as we continue this government-knows-best approach, we are not going to get health care reform or the kind of economic recovery the American people need. We will only get bigger government, rationing, and diminished quality of care.

Stop the drumbeat of more government. Stop the takeover of government health care.

A BIPARTISAN APPROACH TO HEALTH CARE REFORM IS NEEDED

(Mr. GINGREY of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GINGREY of Georgia. Mr. Speaker, Members on both sides of the aisle are in favor of health care delivery reform. We want universal access. We want universal coverage. But what the Democratic majority has given us in their rush to get something through this body by the end of the week is 1,100 pages of universal nightmare, and this is not what the American people want.

They don't want these long lines, these long queues, this rationing of

care. They don't want nonelected government bureaucrats telling health care providers what they can give and what they can offer and what they can prescribe to take care of their patients.

Mr. Speaker, we can come together in a bipartisan way and rewrite this H.R. 3200 and do it for the American people, bring down the cost of health care, and promote universal access. That is what we need to do. We need to do it in a bipartisan way, and I recommend to the Democratic leadership, let's go back to the drawing table.

GIVE AMERICANS A HEALTH CARE PLAN THAT WON'T MAKE THEM SICK

(Mr. GOHMERT asked and was given permission to address the House for 1 minute.)

Mr. GOHMERT. Mr. Speaker, the latest numbers we have are for 2007. You divide the total number of households in America into the total amount of money spent on Medicare and Medicaid, it is \$9,200 for every household in America.

We are not getting our money's worth with this government-run health care. And now the President wants to spend another \$1 trillion? Well, there is a Republican plan that we can't get from legislative counsel to bring to the floor or even have CBO score it that would say, you know what? For the first time ever, we are going to give senior citizens complete control of their health care. We are going to give them cash money in a health savings account they control with a debit card, not the government, not an insurance company, and then we will buy them the best private insurance you can have for everything above that.

That gives them complete coverage; no wrap-arounds they have to buy, no surplus insurance. That is a plan that won't make America sick.

STOP THE GOVERNMENT TAKEOVER OF HEALTH CARE

(Mr. HENSARLING asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HENSARLING. Mr. Speaker, recently I met with dozens of doctors in east Texas to discuss health care, and, with only one exception, every one of them said that they had recommended to their children that they not follow in their footsteps and practice medicine. Health care is losing our best and our brightest due to its threatened takeover by the Federal Government.

Republicans have commonsense solutions to our health care challenges to ensure that all Americans have access to the high quality health care they need, when they need it, at a price they can afford.

When it comes to health care decisions, no government bureaucrat should ever come between you and your doctor, and if you are happy with

your current plan, Republicans want you to be able to keep it.

In contrast, Speaker PELOSI has proposed a government-run health care rationing system paid for by higher taxes on small businesses and borrowing yet more money from the Chinese, while sending the \$1 trillion bill to our children and grandchildren.

Mr. Speaker, if you loved the government takeover of our banks, of our auto companies, of our mortgage companies and AIG, you will love the takeover of your family's health care.

INITIATE REAL DEBATE ON HEALTH CARE REFORM

(Mr. CALVERT asked and was given permission to address the House for 1 minute.)

Mr. CALVERT. Mr. Speaker, right now we are debating one of the most important issues facing our country today, health care reform. There is no doubt that our current system must be reformed.

Unfortunately, rather than conducting a meaningful debate on how to improve access and quality and lower the cost of health care, the majority is making deals behind closed doors and going through the yellow pages to figure out who they can tax in order to pay for the \$1 trillion bill they propose.

The majority asserts that their bill will insure more people, but the cost to America will not only be in dollars and cents; the bill will dramatically alter our health care, which is 20 percent of our economy, through the creation of a government-run public option. For those with private insurance in the short time before they are forced into a public plan, a government plan will still dictate what government service they can and cannot have.

This is unacceptable. The only people in the room making health care decisions should be you and your doctor, not a Washington bureaucrat.

I urge my colleagues to reject this misguided and dangerous proposal and initiate a real debate on health care reform.

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WHERE ARE THE JOBS?

(Mr. LOBIONDO asked and was given permission to address the House for 1 minute.)

Mr. LOBIONDO. Mr. Speaker, we are rapidly coming up on the 6-month anniversary of the stimulus bill. The question all across America, the question in New Jersey, and the question in my district in south Jersey is, Where are the jobs? We had jobs that were promised, good jobs that were promised, jobs that were going to be available. The unemployment rate was going to come down. The families in New Jersey are hurting. The families in south Jersey are hurting. Our unemployment rate in the State of New Jersey is 9.2 percent; and in most of my counties, it's well above 11 percent.

Most of the stimulus money has been financed by the Chinese. And people are asking, Where is the help going to come from? But there is one category that has had a dramatic rise in employment, and that is in the category of czar. So if you are a czar, make application. Your day is coming.

CONCERNS WITH THE DEMOCRATIC HEALTH CARE BILL

(Mrs. CAPITO asked and was given permission to address the House for 1 minute.)

Mrs. CAPITO. We all share a desire to enact health reform that lowers costs and improves care, but I am less convinced that the plan being developed across the aisle is the most responsible approach. We're talking about a bill with a \$1.5 trillion price tag. We have the Congressional Budget Office saying the bill fails to control costs. We know it doesn't address legal reform; we know that a government-run health care plan threatens the insurance of millions of Americans; and we know that the bill's push to tax small businesses threatens jobs all across the country.

I just talked to a small business owner from Calhoun County. Her quote is, "This scares me." This is not the time to risk more jobs. I urge my colleagues on the other side of the aisle to join us in real dialogue. This is an issue too important for one party to go it alone.

WHOSE SIDE ARE THEY ON?

(Ms. SHEA-PORTER asked and was given permission to address the House for 1 minute.)

Ms. SHEA-PORTER. Mr. Speaker, whose side are they on? Whose side are they on? This is the same party that in the 1960s told the country that Medicare would destroy the country. Whose side are they on? We are on the side of the American people. In 2007, three out of 10 young adults had no health insurance, none. Whose side are they on?

We will eliminate the doughnut hole with this bill, the doughnut hole that sticks so many senior citizens with full prices for their prescriptions. We'll take care of that with this bill. Whose side are they on? We'll end medical bankruptcies. So many people have lost their homes because of illness. We'll take care of that. Whose side are they on? They are making these false claims that the government will come between you and your doctor. Insurance companies come between you and your doctor right now.

They say that you'll wait in line. Don't believe it. Don't believe it. We're finally putting people in line and saying, You can walk in and make an appointment just like they can. Before I yield back, I have one last question: Whose side are they on?

PATIENTS AND THEIR DOCTORS SHOULD MAKE HEALTH CARE DECISIONS, NOT WASHINGTON BUREAUCRATS

(Mr. BISHOP of Utah asked and was given permission to address the House for 1 minute.)

Mr. BISHOP of Utah. Mr. Speaker, last week the President accused doctors of performing unneeded treatment just for money. I received a call today from Dr. Mobley. He is the ear, nose and throat residency director at the University of Utah who oversees the training of doctors, and he was disappointed at the President's remarks.

He appropriately thought the President should apologize for two reasons: Number one, his baseless accusations against the profession; but also the second reason is because of the underlying message of the statement. And I don't know why the President decided to become involved in kids' tonsils; but for some reason, he thought it was within his jurisdiction.

His statement implies a time will come when the government bureaucracy will deem it in their realm of power to decide what a doctor and a patient may or may not do. A government big enough to provide for our basic needs has historically found themselves increasingly comfortable in regulating other behaviors regulated to that health care need. In other countries they've told one how to exercise, how and when to eat, to sleep, what kinds of cars to buy. What we need is a system that allows the patient and the doctor to make decisions, not a Washington bureaucrat.

MORE JOB LOSSES UNDER THE DEMOCRATIC HEALTH CARE BILL

(Mr. CAMPBELL asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CAMPBELL. Mr. Speaker, this is a flow chart which the Democratic leadership doesn't want you to see, but this is a flow chart of the Democratic socialized medicine—I will use that term—but government-run health care plan. You see, you are here, your doctor is here, and all this stuff is somewhere in the middle. Now this plan adds 53 new departments, agencies and commissions.

Mr. Speaker, this plan is going to tax more. It is going to cost more. It is going to spend more. It is going to borrow more. But there is one thing we're going to get a lot less of, and that's jobs, by some estimates, nearly 5 million less jobs. Why would we want to do this? This isn't health care reform; this is just nuts.

HEALTH CARE REFORM NEEDS TO GET DONE RIGHT

(Ms. GRANGER asked and was given permission to address the House for 1 minute.)

Ms. GRANGER. Mr. Speaker, I rise this afternoon to express my deep concern about the debate over health care reform. This debate is not about whether reform is needed. The debate is about ensuring that health care reform is done right. I was a small business owner. I owned my business for 20 years. I can speak with a certainty of experience that the tax increase that's been proposed to pay for the Democrats' health reform bill will have a devastating impact on businesses and their employees.

Not only will the impact of the Democrats' bill be felt by business owners; but as individuals, the relationships we have developed with our doctors could be jeopardized. As an individual, I don't want anyone coming between me and the advice of my doctor. It's as simple as that. Choosing a doctor is one of the most personal and most important decisions we can make. Our health care options should be decided between doctor and patient, not by a health choices commissioner.

Mr. Speaker, my constituents want this process done right. They want options; and they want access, not mandates by government bureaucrats. They want affordable health care, not trillions more in debt. We owe it to the American people to get this right.

TOO MUCH BUREAUCRACY IN THE DEMOCRATIC HEALTH CARE BILL

(Mr. PUTNAM asked and was given permission to address the House for 1 minute.)

Mr. PUTNAM. Mr. Speaker, with just 1 week left before we return to our districts, it is alarming that we do not have a final health care bill to read despite the Speaker's determination to have a vote on it this weekend. To get a head start though, I decided to look through the incomplete version available to the public online.

No further along than page 16, there is a provision that essentially says, A private insurance provider cannot enroll new beneficiaries into a health care plan. In short order, government-approved health care will be the only option. Current nonpartisan estimates project that as many as 114 million people will lose private health insurance. Nearly 5 million jobs will be lost due to the new taxes and mandates, and a whopping \$1.3 trillion will be added to Federal spending over 10 years.

The bill creates 53 new commissions, councils, bureaus, advisory panels, and offices. If the American people think it's difficult to navigate the current health care system, just wait until more bureaucrats are involved. Why have the authors of this bill declared war on small business only to grow the Federal Government? Americans do not need more government. They need private sector jobs and affordable, quality health care. This bill provides neither.